2	1 /	1/	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201
1	. 2.	A	02140 CERTIFICATE OF DEATH	02135
offer death	the funeral ages 1 and 2 s after death		1. PLACE OF DEATH o. COUNTY DORCHESTER MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Res a. STATE MARYLAND D. COUNTY b. CITY OR TOWN (If guitside corporate limits write RIIRA) and	nnico
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	physician. signed by the attending physician and co burial-transit permit. Then please remo burial, crematian, ar removal, and in any		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates of service) 216-38-9469 Eastery Share State Hospital	15 HAROON
s that the	physician. signed by the attending burial-transit permit. Th burial, crematian, ar rem	/	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
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R ATTEN	RECTOR: 3 shauld with the		saw the deceased olive on 2 -2.3 19.67, and that death occurred at 4 A M, from couses and o	n the date stoted abave
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TO HOS		9.	24. FUNERAL DIRECTOR ADDRESS, 250. REC'D BY REGISTRAR 25b. REGISTRAR	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE FOR STATE HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission I. PLACE OF DEATH b. COUNTY o. COUNTY o. STATE death. MARYLAND > delay Department c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) puo d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAY OR INSTITUTION (If not in hospital, give sizes) address hours ote NO X Give Pages after deoth. 3. NAME OF 4. DATE Year 5 DECEASED OF DEATH 6 (Type or print) within S. SEX 9. AGE (In years IF UNDER IF UNDER 24 HRS DATE OF BIRTH Clast birthday) Months Doys Hours X WIDOWED DIVORCED hours event 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12, CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY any ANd = pages 13. FATHER'S NAME .⊆ (Sarah F.) puo WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address be executed or removal, (Yes, no, or unknown) (If yes give war or dates of service) -9616 Enslera Shore State IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) certificate should writing the word burial, cremation, DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X 9 20o. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) ogent, prior CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (County) (Stote) 2Dc., TIME OF INJURY Month, Doy, Yeor (City or town) factory, street, office blda. etc.) Not While FUNERAL DIRECTOR: Poge ot work ot work designoted 21. I certify that I taak charge of the remains described above. Held an Autopsy Inspection X and in my opinion death resulted from Accident X. Natural causes Suicide [Homicide Undetermined manner be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health or DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) (State) 0 Burial (Specify) Crisfield, Md. Crisfield Cemetery 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15ME

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02142 CERTIFICATE OF DEATH 02137 ician ond completely filled in by the funeral lease remove corban popers. Pages 1 and 2 ond in any event, within 72 hours after death PLACE OF DEATH

o. COUNTY OF THE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) DORCHESTER Maryland ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea o. STATEMar yland Ou che COUNTY and MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b write RHRAL and give neorest town) Controville, Maryland 14 menths d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? St. Mary's Nursing Home General Del., Bex# 45 YES NO NAME OF physician ond completely f en please remove corban 4. DATE Year DECEASED 18, 1967 Jesephine Coker (also called Creker) OF DEATH 19 (Type or print) IF UNOER 24 HRS. IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIEO Jost birthdoy) Months Hours July 13, 1891 NEGRO E HIMATHE WIDOWED T DIVORCEO 10b. KINO OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Con treville. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, Alexander Ceker Elizabeth Hard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes give wor or dotes of service 217-36-2018 Sen (Raymend Wilmer (same as above) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN ANSET AND DEATH PART I. OEATH WAS CAUSED BY: signed by i IMMEDIATE CAUSE (o by the hospitol or ottending physicion. Maligmant Lymphoma vrs Conditions, if ony, which gove rise to immediate couse (a), OUE TO stoting the underlying couse erached for use as the Dept. of Health prior to 19. WAS AUTOPS' PART II. OTHER SIGNIFICANT_CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? enerlaized Arteriosclerosis Bilateral Glaucoma 20o. ACCIDENT WAS UNCERLYING 20b. OESCRIBE HOW INJURY OCCURREO. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Ooy, Year TO FUNERAL DIRECTOR: After this Hour a.m. factory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram ro Hospital or Attent Poge 4 may be retained and that deoth accurred at 70:3 M. From causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 2/23/67 22a. SIGNATURE STAFF PHYS OIRECTOR M.O. PHYS. 22d. ADDRESS 226 PHYSICIAN'S H.B. PLUMMER PRESTON MARYLAND NAME (Type) director, g 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) BURSMOVAL (Specify) 2-21-1967 Centreville Cemetery Contrevilla Queen Anna Md 24. FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR 2Sb. VR A15 (4) 25M 1/67 Dashiell Funeral Home. Easten, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

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PLACE OF DEA	TH			2. USUAL RESIDE	NCE (Whara da	ceased lived, If b. COUN	ITV		e before admission
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RURAL CAMB			15 DAYS	TUNIS MI	LLS	EASTOR	V	2	10-2
d. NAME OF HOS	PITAL OR INSTITUTION	(if not In hospital	al, give street addrass)	d. STREET ADDRES	S		.1		e. IS RESIDEN
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DECEASED (Type or print)	PER	RY	FORMAN	DAFFIN	OF DEATH	FEB.	10		19' 67
. SEX	6. COLOR OR RACE	7 MAPPIED I	NEVER MARRIED	8. DATE OF BIRTH	9	AGE (In years	IF UNDER	1 YEAR	IF UNDER 24 HR
MALE	WHITE	, mradato		12/1/86		last birthday)	Months	Days	Hours - Min.
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	EVER IN U.S. ARMED FOR (If yes give wer or detes of s		CIAL SECURITY NO. 1	7. INFORMANT		Address			
-100	(II) 03 gi ve wei oi delesois	217.	-01-4684	HOSPITAL RECO	RDS				
18. CAUSE OF	DEATH Enter only one	e cause per line	for (a), (b), and (c).]					INT	ERVAL BETWEEN
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MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF	HEALTH
	RESEARCH AND RECORDS, 301 W. PRESTO	N STREET, BALTIMORE 1, MARYLAND
02145	CERTIFICATE OF DEATH	02140

1. PLACE DF DEAT a. COUNTY	Н				2. USUAL RESIDENC	E (Where			sidence befor	re admission)
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RURAL CAM		*11)			SNOW H	ILL			22-	2
d. NAME OF HO	SPITAL OR INSTITUTIO	ON (If not in he	ospital, give street add	dress)	d. STREET AOORESS				e. IS	RESIDENCE
EASTERN S	HORESTATE	HOSPITA	L							A FARM?
3. NAME DF DECEASEO	FI	irst	Middle		Last	4. DA		h	Oay	Year
(Type or print)	JAME	S	BEVANS	DE	/EREAUX		ATH FEB.	8		1967
5. SEX	6. COLOR OR RACE	7. MARRIED	■ NEVER MARRIEO	□ 8	. OATE OF BIRTH	1.15	9. AGE (In years last birthday)	IF UNDER 1	YEAR IF UN	
MALE	WHITE	WIOOWED	OIVORCED		6/6/83		23 yrs.	Months	Days Ho	urs Min.
10a. USUAL OCCUPAT during most of work	ION (Give kind of work ing life, even if retire	done 10b. K	IND OF BUSINESS OR		11. BIRTHPLACE (Co	ounty & Si			TIZEN OF W	HAT
FARMER		7	ruck		MD.			U.S	5.	
13. FATHER'S NAM					14. MOTHER'S MAIO					
JOSEPH DEV	EREAUX				HENR	RIETT	TA BEVANS			
	EVER IN U.S. ARMED FO		SOCIAL SECURITY NO.	17.	INFORMANT		Addre	SS		
NO	(11 yes give war or nates o	A SELLICE)	-		HOSP . RECORE	DS				
18. CAUSE OF	DEATH [Enter only on	e cause per li	ine for (a), (b), and (c),	1			-	i		BETWEEN
PART I. OI	ATH WAS CAUSED BY	BR	ON CHO PNE UMO	NIA					ONSET A	NO OEATH
233	IMMEDIATE CAUSE	(4)	011 011 011 11 12 0110	11177						
Conditions, If	DUE		CEREBRAL SO	ETEI	SOMES			3.00		
gave rise to	Immediate	(0)	CLIL DIAL 30	T 1151	V 1 V G G					
cause (a), s		ТО								
underlying caus		(C)	ITING TO OFATH DUT NO	TOFIA	TEO TO THE TERMINAL O	HOFACE	CONDITION CIVEN IN	DADT 1/2)	I 10 WAS	AUTOPSY
ICATIO			TING TO DEATH BUT NO	I KELA	IEO IO INE IERMINAL C	JISEASE C	2014DITTON GIVEN IN	FAR 1 1(a)	YES X	FORMED?
PART II. OTHERS 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING DING CAUSE OF DEATIFY MEDICAL EXAMI	TH NER) 20b. E	DESCRIBE HOW INJURY	Y OCCUI	RREO. (Enter nature of	Injury I	n Part I or Part II o	f Item 18.)		
	INJURY Month, Day,		NJURY OCCURRED 120	o PIAC	E OF INJURY (Home, fa	rm 20	f. (City or town)	(Cour	ntv\	(State)
20c. TIME OF Hour a.i	n.	While at work	- Not While -	factor	y, street, office bldg., e	tc.)	. (only or town)	(004)		(01210)
21, I certif	y that (I) (this hos	oital) attende	ed the deceased fro	m	1/7 . 19	9 64	to 2/8	19.67	that (I) (we) last
saw the de	ceased alive on	2/8	19_67_, an	d that	death occurred at	O- M	from the causes	and on th	e date sta	ted above.
22a. SIGNATU		1				M. MED.			TE SIGNED	
1 Pet	us the	Lorm,	7 1	M.O.	ATTENDING	MED. Directoi	R PHYS.	9	1 /67	
22c. PHYSICIA	W'S		11		22d. ADORESS				7 - 17 - 17	
NAME (T	ype)				E.S.S.	H.,	CAMBRIDGE	. Mp.		
23a. BURIAL, CREM REMOVAL (So	ATION, 23b. OATE	THEREOF	23c. NAME OF CEM	METERY			LOCATION (City, t		nty)	(State)
Buris/	ecify) 5 - //-	67	Bates Me		ial Mith	<	How His	11 401		
24. FUNERAL OIRI			AODRESS	maj	25a. REC	C'D BY R	EGISTRAR 25b. R	EGISTRAR'S	SIGNATUR	En
2	26/		11:11 11.1	/	DATE	FFF	3 1 0 1967	A.C.C.	carles	Judge
11 may	7. Klimmen	Mac	u Hill, Me	/	UAIL	1 6	7 - 11001	-4		4

VR AI5 (4) 20M 1/65

LEAD FIRE OF STREET CONDITIONS 4 1

MARYLAND STATE DEPARTMENT OF HEALTH

VR AI5 (4) 20M 1/65

18350 April 1 - Symily of lear to the control of the . Marting and the contract of the second almolphum if of Mottant main from the Ourcineme of pipiling sinus Distance mailing - Mile 1-2A- 20 1 2-12- 38 1-2A- 1-2A- 1-12- 1-02 00 1-12- 1-02 00 1-12- 1-02 00 1-12- 1-02 00 1-12- 1-02 00 1-12- 1-02 00 1-12- 1-02 00 1-12- 1-02 00 1-12- 1-02 00 1-12- 1-02 00 1-12- 1-02 00 1-12- 1-02 00 1-12- 1-02 00 1-12- 1-02 00 1-12- 1-02 00 1-12- 1-02 00 1-12- 1-02 00 1-12- 1-02 00 1-. nessephenal Greening. Topological Company Combining Co. No. 1994

W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, Il institution: Residen a. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 41/00 IS RESIDENCE ON A FARM State s after 05 YES NO X 3. NAME OF First Middla DATE Last Month Day Yaar DECEASED OF the (Typa or print) DEATH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Jast birthday) Months Hours WIDOWED X and USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life wen if retired) Pages FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMA (Yas, no. or unkown) | (If yes of ve wer or datas of service) and ong with 1B. CAUSE OF DEATH [Entar only one causa per line lor (a), (b), and (c).] burial-transit PART I. DEATH WAS CAUSED BY: in pencil IMMEDIATE CAUSE (a) Office DUE TO should O Conditions, if any, which emation. "pending" geve rise to immediate cause Examiner's n DUE TO 35 (a), stating the undarlying be used cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMER burial, Medical NO YES pluods writing the v 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) 0 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 0 3 the C. WEDICAL P 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (Stata) factory, straet, office bldg., atc.) While Not While at work at work OR: 0 Inspection V 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Undetermined manner death resulted from: Accident Suicide Homicide Natural causes DIRE CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED lease execut should be for FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER OF EXAMINER'S NAME (Type) Addrass (Street, city, town, or county) please 4 shoul O FUN 22 BURIAL, CREMATION, 22b. LOCATION (City, towns or country) (Stata) OH 24b. VR A15ME

- SAISO EVEL A PROPERTY SAME PIRE MINISTER A. P. A. S. S. L. S. L. S. Warter St. The St. Co. ALIES FOR HIT CHEST FEB 2 B 1987 FELORE STATE M. There of prove the fact of the the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY completely filled in by the 1 ve carbon papers. Pages 1 event, within 72 hours after 24 hours after Dorchester arvland MARYLAND Dorchester b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Cambridge Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 413 Leonard's Lane YES NOT Cambridge-Maryland Hospital completely to executed within NAME DE Last DATE Year DECEASED Phillip Colescott Feb.10,1967 Howard (Type or print) DEATH 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH Male White WIDOWED DIVORCED T une 10a. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR during most of working life, even if reticed) INDUSTRY EMPLOYED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please COUNTRY? East New Market. Md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, Harry Howard Minnie G. Sherman 1306 Address sgow St., 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 5 (Yes, no. or unkown) (If yes give war or dates of service) James burial-transit pern burial, cremation, Howard. Cambridge. Md 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia DUF TO Conditions, if any, which Carcinoma of Urinary Bladder peen gave rise to immediate DUE TO cause (a), stating the prior t underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? ICATI Anemia, Coronary Heart Disease, Acute Pyelonephritis. ND -20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part |I of Item 18.) detached for the details of the leading of the lead 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Not While at work at work 10 . 19 67, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from OIRECTOR: age 3 should led with the and that death occurred at \$40 1967 M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a/ SIGNATURE/ ATTENDING PHYS. MED. STAFF PHYS. 2- 11-67 DIRECTOR M.D. TO FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S director, p should be 1 Md. Ave., Cambridge, Maryland 21613 ATERBIDIRAL BUNKER. M. D. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Feb.12.1967 Lady Of Good Council Churchyard Secretary FUNERAL DIRECTOR VR A.15 (4) DATE 1/65

Telegraph of one of the same to the when the second of e and an arms and a Sol, while that address, I asked and the control to the state of the control of the grade, attack, k. c. c. the many and a many beautiful at the state of But and the state of the control of the second of the second

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the deoth certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution and ence before odmission) expletely filled in by the funeral ve carbon popers. Pages 1 and event, within 72 hours after deof PLACE OF DEATH o. STATE b. COUNTY o. COUNTY CRSTOR MARYLAND W c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Jown) IS RESIDENCE ON A EARM? d. STREET ADDRESS d. NAME OF HOSPIFAL OR INSTITUTION (If not in hospital, give street oddress) YES NO T 4. DATE Day Year 3. NAME OF Middle Month Last ond-completely OF DEATH DECEASED 0 (Type or print) 9. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED DATE OF BIRTH remove last birthdoy) Months Hours Dovs NeRon ond in only WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) IDa, USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY pleose physicion LINKNOWN NKADWA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol, cremation, or removol, Listed ister 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by Poge 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse this certificate has been be detached for use as the Stote Dept. of Health prior to last (c) WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20f. (City or town) (County) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. While Not While ot work at work **DIRECTOR:** After /3", ta_ 19___, that (I) (we) las 21. I certify that (1) (this hospital) attended the deceased from. 19 director, page 3 should should with the and that death occurred of M, from couses and on the date stated above saw the deceased alive on. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS. -16-67 -MD DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL FUNERAL NAME (Type) 23b. DAFE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 23a. BURIAL CREMATION. REMOVAL (Specify) 0 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Marles VR A15 (4) 20 M 1/66 1967

	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived	d, If In	stitution: Re	sidence bet	ore edmission)
ı	o. county Dorchester Maryland b. co	OUNT		hest	033
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits.	write I			
I	write RURAL and give neerest town) Cambridge 20 Year's Cambridge			19	1
ľ	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS			0.	IS RESIDENCE
	300 Maryland Ave., 300 Maryland A	ve			ON A FARM?
0		Month		Dey	Year
ı	(Type or print) Louise Brohawn Kelly DEATH Feb.	7.	1967		19
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in y.		F UNDER 1 Y		NDER 24 HRS.
	Female White WIDOWED DIVORCED lest birthde		Months De	ys Hou	irs Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, aven if relired)	,	12. CITIZ	EN OF WH	AT COUNTRY?
1	Homemaker			U.S.	
Ī	13. FATHER'S NAME			V	
1	Samuel M. Brohawn, Sr., Sarah Kerr				
		dres	lenbu	rn A	ve.
	No Mrs. Willard Hooper. Cam	bri	dge.	Md.	
ſ	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]			INTERVA	L BETWEEN
l	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Coronary occlusion				tant
ł	420/ DUE TO				
L	Conditions, if any, which (b)				
ı	geve rise to immediate cause (e), stelling the underlying DUETO				
1	eause lest. (c)				
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN	IN PART I	(e) 19. W	AS AUTOPSY ERFORMED?
	3			YES [_
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION 20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.				
1	20c. TIME OF INJURY Month, Dey, Year Hour e.m. 20d. INJURY OCCURRED While Not While Not While at work et work 19 at work		(Count	y)	(Stete)
1	Pour e.m. p.m. 19 at work et w				
	21. 1 certify that I took charge of the remains described above, held an Autopsy . Inspection . Inspection	quiry		and in m	y opinion
	death resulted from: Natural causes X. Accident . Suicide . Homicide . Undetermined	d ma	nner 🗍		
	CHIEF MEDICAL EXAMINER				
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER			DATE	SIGNED
	EXAMINER'S DEPUTY MEDICAL EXAMINER 🔀 2	2/7	167		
1	NAME (Type) John Mace Tr. M. D. Address (Street, city, town, or county)			ze. N	Id.
	22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, 1				(State)
100	. PEMOVAL (Shacify)				
117	Rimial Feb 9th 1967 Fest New Market Comptons Fest	TAT	OM TIE	nkot	Md.
	Burial Feb. 9th. 1967 East New Market Cemetery Fast 24s. RECD BY REGISTRAR 276.	REGIS	TRAR'S SIG	naturi	,Md.
_			TRAR'S SIG	NATURE T	,Md.

don III namen kan de armina grado kujih jiri menasahindan sa kindaksa ja kujih kwant , (21.7) . The same will be the property of the same of the sam

DIVISION OF STATISTICAL R	ESEARCH AND RECORDS	, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
09151	CERTIFICATE		02146
1. PLACE OF DEATH a. COUNTY DOVCHESTEY b. CITY OR TOWN (if outside corporate limit	MARYLAND S, c. LENGTH OF STAY IN 1b	a. STATE	sed lived, If institution: Residence before admission) b. COUNTY talbot rate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	Gyears	trappe	21-8
d. NAME OF HOSPITAL OR INSTITUTION (If no	11	d. STREET AOORESS	e. IS RESIDENCE ON A FARM? YES \(\square\) NO \(\square\)
3. NAME DF First DECEASED (Type or print)	Middle	Last 4. BATE DF DEATH	Month Oay Year Feb 23 1967
F white win	OWED DIVORCED 1	Dec.4,1873	AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. AGE Hours Min. AGE Hours Min.
during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, of talbot Cou	r foreign country) 12. CITIZEN OF WHAT COUNTRY? A MEYICE
Robert H. Kem	P		lewnam
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service)	16. SOCIAL SECURITY NO. 17.	Shirley M. Smith	311 Glenburn Ho
PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line for (a), (b), and (c). 1	eart disease	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CO	horin SVI	ndrome	YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCU	JRREO. (Enter nature of injury in Par	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	20d. INJURY OCCURRED 20e. PLA While Not While facto at work at work	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	ity or town) (County) (State)
21. I certify that (I) (this hospital) saw the deceased alive on	attended the deceased from 1967, and that	t death occurred at // M, from	n the causes and on the date stated above
222a. SIGNATURE Lewigh June	ult M.C	D. PHYS. DIRECTOR DIR	STAFF PHYS. 123/67
gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. I certify that (I) (this hospital) saw the deceased alive on 22a. SIGNATURE 22a. SIGNATURE 22a. BURIAL, ORSMANTON, 23b. DATE THERE	Burdette	Cambridge	ATION (City, town or county) (State)
23a. BURIAL, ORGANATION, 23b. DATE THERE DEMOTIL (Specify) 24 FUNEBAL DIRECTOR	Cup Burial ADORESS	Loff Private In 25a. REC'O BY REGIS	apple Maryland
Maure Enkeure	un for tasto	N, Md DATEFEB 24	1967 Jelianles Judge

PERMON IN FOLK SECTION THE REPORT OF THE PROPERTY OF THE PARTY OF T DEFINITE TELE server A years) todiet Robert H. Kemp Newwania Newwania There Sing Minist Meshing Marie and Marie There were the the things of the thing The said of the sa Manual Files of Restaurant fee & les & les

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY Dorchester necessary, actor. Page Maryland b. COUNTY Dorchester MARYLAND for your files, b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) director. write RURAL and bive nearest town) 30 years Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE Cambridge Maryland Hospital ON A FARM? Jenkins Creek Road retained State affer YES NO 3. NAME OF First Middle 4. DATE Month DECEASED the HARRIETT FOSTER LORD (Type or print) DEATH Feb. 11 67 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS and 3 June 29, 1889 Female White last birthday) Months WIDOWED X DIVORCED [10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign equatry) 12. CITIZEN OF WHAT COUNTRY in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page done during most pf working life, even if retired)
HOUSEWIJE Chesapeake City, Md. Home USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Foster unk File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgivewarordatesofservice) Mrs. Robert Davis, Cambridge, Maryland No unk 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Terminal pneumonia IMMEDIATE CAUSE (a) week DUE TO 0 Fracture neck r. femur Conditions, if any, which (b) gave rise to Immediate cause Examiner's "pending DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLL 19, WAS AUTOPSY CERTIFICATION PERFORMED? Medical NO X pinous 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of itam 18.) writing the v e Chief Medi 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING Fell in National Airport CAUSE OF DEATH. MEDICAL Page 1 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) Not While at work the 22/60 at work Washington D.C. Airport certificate, forwarded to the L DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection -Inquiry and in my opinion CAL death resulted from: Natural causes Accident to Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL please execute the should be for FO FUNERAL I Health or its de ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINED-John Mace NAME (Pype) Jr. Addrass (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specity) Feb 13 1967 Washington Cemetery ENTINK Hurlock, Md. Burial 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland Melianelas VR A15ME SM 1/63

MARYLAND STATE DEPARTMENT OF HEALTH

a Line Principle of Paris State Santa INTERNATIONAL PROPERTY OF THE PARTY.

1.	PLACE OF DEAT	TH				ESIDENCE (Whare decaased	lived, If	Institution, Resi	idence befora a	dinission
	Dor	chester		MARYLAND	a. STATE	Mary	land '	b. COUN	Borche	ster	
	b. CITY OR TOWN	(if outside corporeta limit nd give nearest town)	ts,	E. LENGTH OF STAY IN 1	c. CITY OR	TOWN (If out	tside eorporate lim	nits, write	RURAL and g	ive nearest tow	n)
	Cam	bridge		4 Years		Camba	ridge			09-1	
	d. NAME OF HOSE	PITAL OR INSTITUTION (f not in hosp	ital, give street address)	d. STREET						SIDENCE
	708	Glasgow S	tree	t		708	Glasgow	St	reet	YES T	NOTE I
3.	NAME OF DECEASED	First		Middle	Last	4.	DATE	Month		Day Yaar	
	(Type or print)	John		Washingto	n Mad	dox	DEATH Feb	rua	rv 3.3	1967 19	
5.	SEX		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YE		24 HRS.
]	Male	White	WIDOWED		May 20,	1891	-last-bi	irthday) vrs.	Months Day		Min.
10	. USUAL OCCUPA	TION (Give kind of work	[10b. KIN	D OF BUSINESS OR INDUS			oraign country)	,	12. CITIZE	N OF WHAT C	OUNTRY
aç	House Pa	vorking life, even if retired	•			on, Al				.S.	
_	FATHER'S NAME				14. MOTHER'S						
	G	eorge W. 1	Maddo	x	Laura	N. F	oshee				
15.	WAS DECEASED E	VER IN U.S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO. 17.				Address		ALL DE LE	
(Ye	s, no, or unkown)	(If yes give war or datas of se	Li (action)		irs.Edwa	ard T.				ts.Cam	b
	18. CAUSE OF	DEATH [Enter only one	sause per lin						1	INTERVAL BET	
		TH WAS CAUSED BY:									
	FARI L DEA	IMMEDIATE CALICE (-)	Cono	nerw oadlu	sion					ONSET AND D	
	// >	IMMEDIATE CAUSE (a)_	Coro	nary occlu	sion					Insta	
	4201	DUE TO	Coro	nary occlu	sion						
	Conditions, if an	DUE TO y, which diate cause (b)	Coro	nary occlu	sion						
	Conditions, if an gave rise to Immedia), stating the	DUE TO ny, which diate cause DUE TO	Coro	nary occlu	sion						
7	Conditions, if an gave rise to immedia), stating the eausa last.	DUE TO Ty, which diate cause underlying DUE TO (c)				JE TEDMINA -	DISEASE CONNE	ION COV		Insta	nt
NOIL	Conditions, if an gave rise to immedia), stating the eausa last.	DUE TO Ty, which diate cause underlying DUE TO (c)		nary occlu		HE TERMINAL D	DISEASE CONDITI	ION GIVI	EN IN PART 1(a	Insta	nt UTOPSY RMED?
FICATION	Conditions, if an gave rise to Immedia), stating the causa last. PART II. OTHI	DUE TO (b) diate cause underlying ER SIGNIFICANT CONDIT	10NS <u>CONT</u>	RIBUTING TO DEATH BUT I	NOT RELATED TO TH				EN IN PART 1(e	Insta	nt
ERTIFICATION	Conditions, if an gave rise to Immedia), stating the eausa last. PART II. OTHI	DUE TO (b) diate cause underlying ER SIGNIFICANT CONDIT CAUSE WAS ONTRIBUTING 2	10NS <u>CONT</u>		NOT RELATED TO TH				EN IN PART 1(d	Insta	nt UTOPSY RMED?
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WEDICAL	Conditions, if an gave rise to immedia, stating the causa lest. PART II. OTHI 20a. EXTERNAL C PRIMARY or C CAUSE OF DEATH 20c. TIME OF INJ Hour a.m. p.m. 21. I certify the death resulted actual signature examinating the causant of the condition of the causant of the causa	IMMEDIATE CAUSE (a) DUE TO (b) diate cause underlying DUE TO (c) ER SIGNIFICANT CONDIT CAUSE WAS ONTRIBUTING 1. IURY Month, Day, Yea that I took charge of from: Natural cau John Mace ON, 22b. DATE THEREC (Y) Feb. 5, 19 OR. Thomas	ob. DESCRIB or 20d. IN While at work f the remauses Jr. 1 OF 2 967 P	RIBUTING TO DEATH BUT IN THE PROPERTY OF THE P	ACE OF INJURY (Hictory, street, office briefly an Autopsylicide	lome, farm, 2 lome, farm, 2 lome, farm, 2 long, etc.] Inspection of the control o	or Pert II of item 1 20f. (City or town Dection X, Undetermination (City AMINER (Company) LOCATION (City APKS1ey Y REGISTRAR (24	Inquiry ined maily, town,	(County) y	Insta	UTOPSY RMED? RMED? NO State)

		DIVISION	OF STATISTIC		YLAND STATE DE EARCH AND RECORD				RE 1. MA	RYLAND
		02154				E OF DEATI			0.9	2150
מונח ווו מוו) פעפורי אונוווון לל ווחמוף מונפן חפמולוי	1.	PLACE OF DEATH a. COUNTY				2. USUAL RESIDEN	CE (Where dec	eased lived, If Ins		idence before admission)
		b. CITY OR TOWN	rchester (If outside corporat nd give nearest town	e limits,	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I		orate limits, wr	Vori	nd give nearest town)
		(a)	mo L.T. r. R. a		2 Days			Beach	5	57.3
3			ge-Maryla		nospital, give street address	d. STREET AOORESS	ghland	Avenue	3	e. IS RESIDENCE ON A FARM? YES NO
	3.	NAME OF DECEASED	Fir		Middle	Last	4. OATE	Month	1	Oay Year
		(Type or print)	Mary		Evelyn	McDuffey	OF DEATH	Feb.8	,1967	19
				7. MARRIED	NEVER MARRIED	8. OATE OF BIRTH	0	AGE (in years Last birthday)	IFUNDER 1	YEAR IF UNDER 24 HRS
		emale	White	WIDOWEO		March 20,		/ yrs.		
	dur			ione 10b. i	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C			COU	IZEN OF WHAT NTRY?
	13	FATHER'S NAME	r			Danvill,		С		U.S.
	1		liam Smil	1740		Helena H		0.77		
	15	WAS OECEASED EV	ER IN U.S. ARMED FOL	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	PLICKI	12 Addres	suit ch	land Ave.
	(Ye	s, no, or unkown) (If yes give war or dates of	service)			Duffey		rchard	
			ATH [Enter only one	cause per	line for (a), (b)/and (c).	Walter F. F.C.I	July	, O 1 a O 1		INTERVAL BETWEEN
			TH WAS CAUSED BY:	No	41 bal	Hemm	118	ž -		ONSET AND DEATH
		1143X	OUE 1		, 4	10 1	11	0 6	7.	2/12/1001
		Conditions, if an	y, which	(b) Ay	per leu Cur	Carden 1	as kul	de Ol	sea.	
		gave rise to li		10					4	
	_	underlying cause	last.	(c)						
7	T10	PART II. OTHER SIG	INIFICANTCONDITIO	NSCONTRIB	UTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE COND	ITION GIVEN IN	PART 1(a)	19. WAS AUTOPSY PERFORMED?
	FICA	M	alrell) /	nexecution					YES NO
	CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING DEAT G DEAUSE OF DEAT FY MEDICAL EXAMIN	H IER)	OESCRIBE HOW INJURY OCC	URREO. (Enter nature o	f Injury In Pa	rt I or Part II o	f Item 18.)	
	MEDICAL	20c. TIME OF IN Hour a.m.	JURY Month, Day, Y		fact	ACE OF INJURY (Home, fory, street, office bidg.,	arm, 20f. (City or town)	(Count	(State)
	ME	p.m.	19	While at wor		11		1		
		_		ital) attend	led the deceased from	0/7 01	96/, to_	218	196/	, that (I) (we) last
		saw the dece	ased alive on	16.67	19 (c) /, and tha	t death occurred at.	M, fro	m the causes	and on the	date stated above
		22a. SIGNATURE	15/11/01	291	in/an.	O. PHYS.	MED.	STAFF	220. DAJ	2/67
		22c. PHYSICIAN	S		м.	22d. AOORESS	DIRECTOR _	PHYS.	10/0	3/
1		NAME (Type	e) Albert	E. Bu	unker. M.D.	Camb	ridge	Md. 23	161.3	
	23a	BURIAL, CREMA REMOVAL (Soec	ify)		23c. NAME OF CEMETER	111111		CATION (City, to		
	24	Burial PUREC	Feb.11		7 St. Josephs ambr ^{ADDRESS} e, Mar			TRAR 25b. RI	EGISTRAR'S	ASS. SIGNATURE
	T				126 Washingt	Jacana	FEB 1	4 1967	Jelia	1 0
	=		our of the the	2.50 9 2.	Roston Mass	OTT OF DATE		17.00	#	00

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1 (M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12151
executed within 24 hours after death, and completely filled in by the funeral remove carbon papers. Pages 1 and 2 n any event, within 72 hours after death.	1. PLACE OF DEATH a. COUNTY Dorchester ARRYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATEMARYLAND b. COUNTY Dorchester
ours after in by the f Pages 1 hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cambridge c. LENCTH OF STAY IN 1b Cambridge, R.D. 2
ithin 24 hours stely filled in by bon papers. Pay within 72 hours	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Cambridge-Maryland Hospital d. STREET ADDRESS Route 50 e. IS RESIDENCE ON A FARM? YES \(\sum \) NO E
and completely filled remove carbon papers. any event, within 72 h	3. NAME OF DECEASED (Type or print) Bernard Joseph McGrugan (Seath Feb. 26, 1967 19 5. SEX (6, COLOR OR RACE 7 MARDIED NEVER MARDIED 18, OATE OF BIRTH (9. ACE (in years IFUNOER 14 PER IFUNOER 14 PER
	Male White WIDOWEO OLVORCEO April 5, 1905 61 yrs. Hours Min. 10a USUAL OCCUPATION (Cive kind of work done 1.10b. KIND OF BUSINESS OR 1.11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
ysicia please j, and	during most of working life, even if retired) INDUSTRY Philadelphia COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
The	Barney McGrugan Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
y the atten sit permit. mation, or r	(Yes, no, or unknown) (If yes give war or dates of service) None Eastern Shore State Hospital records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deam Page 4 may be retained by the hospital or attending physician. DEUNERAL DIRECTOR: After this certificate has been signed by the atte director, page 3 should be detached for use as the burial-transit permishould be filed with the State Dept. of Health prior to burial, cremation, or	PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PORT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PORT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PORT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PORT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PORT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PORT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PORT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) PORT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIB
this certifetached for the Dept. of 1	
R: After tuid be de	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from 2/2 5/6 , 19 , to 196, that (I) (we) last
ro FUNERAL DIRECTOR: After this director, page 3 should be detac should be filed with the State Dep	saw the deceased alive on 2/26/719, and that death occurred 1:00 M, from the causes and on the date stated above 22a. SIGNATURE M.D. ATTENOING MEO. DIRECTOR DIRECT
UNERAL ector, pa uld be fi	22c. PHYSICIAN'S NAME (Type) 220 AOORESS ACCURACY Mod.
Spie Spie	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Feb. 28, 1967 Deposes 5 or home of cemetery or Crematory 23d. Location (City, town or county) (State) Cambridge Md. 24/ JUNERAL OIRECTOR ADDRESS 5 or home of cemetery or Crematory 23d. Location (City, town or county)
(4)	Deweth & Thomas Cambridge, Md. OATE MAR 2 1967 Minules Judge

TO THE COUNTY OF THE SAME OF T

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02156 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death the funeral death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY () o. COUNTY o. STATE Mp. DORCHESTER ompletely filled in by the fur ve carban papers. Pages 1 event, within 72 haurs after MARYLAND b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CENTREVILLE 3 YRS. RURAL CAMBRIDGE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARMS EASTERN SHORE STATE HOSPITAL NO V 3. NAME OF Middle 4. DATE Month Doy and campletely temporary First Lost Year DECEASED **GBORGE** FEB. 27 Edward MC LAUGHL IN 19 67 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours 10/24/80 attending physicion and co permit. Then please rema-an, or removal, and mony WIDOWED DIVORCED MALE WHITE 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Mp. FARMER retired U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, or removal, JOHN BELL MCLAUGHLIN AMANDA MEREDITH WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service 220-32-9564 HOSPITAL RECORDS No 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-tronsit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO burial Arterwscleratic heart disease Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse the brunchitis and **DIRECTOR:** After this certificate has been PHYSICIAN: The law last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? be detached far use State Dept. of Health NO X YES for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work L ot work 21. I certify that (1) (this haspital) attended the deceased fram, 5/14 19 64 . ta 19.67, that (1) (we) last page 3 shauld be filed with the 19 67, and that death accurred at 8:25 M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 220 SIGNATURE Barros /27/67 M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL BARROSO, M.D. E.S.S. HOSPITAL . CAMBRIDGE. MD. NAME (Type) CARLOS director, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, EREMATION, 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) BURIA 2So. REL'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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requires that the death certificate be executed within 24 haurs after death. g physician. I sphysician a sphysician and completely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages 1 and 2 a burial, crematian, ar removal, and in any event, within 72 haurs after death.	C	ambri dge	Maryland H	ospital	. Inc.		I	R.F.D.	# 2			YES	
with Section	3.	NAME OF DECEASED	Fir		Middle		Last	11 9-	4. DATE OF	Mon		Day	Year
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ifica nysic al, o	13.	FATHER'S NAME		8			14. MOTHER	R'S MAIDEN N	IAME			1.	
p ph hen nov	-	Davi	d Pinder				1	Ella	Wilso	n			
ding rer	15.	WAS DECEASED EV	R IN U.S. ARMED FORCES?	f carriers 16. S	SOCIAL SECURITY NO.	17. 11	FORMANT		200	Addr	ess		76/11/1
equires that the death certificate be executed with physician. Signed by the attending physician and completely burial-transit permit. Then please remove carbon burial, crematian, ar removal, and in any event, with	1,1	No	(If yes give wor or dotes a	219	7-07-7249	A Ol	is Mo	lock	Star	Route V	ienna.	Md.	
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equires that the physician. signed by the burial-transit burial, cremati	-	PART 1. DEA	EATH (Enter only ane cou TH WAS CAUSED BY: IMMEDIATE CAUSE	Coror	nary occ	lusi	on						AND DEATH
quires th physician signed by burial-tra burial, cre		4301	DUE			Toir.						2 11	. 5
uire nysi gne gne nrial		Conditions, if ony		(1)									
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The ration of the rate of the	ATIO		Diabetes	Mell	itus							YES	
	CERTIFICATION	20o. ACCIDENT WA		20b. DES	SCRIBE HOW INJURY	OCCURRED. (Enter noture	of injury in F	Part I ar Por	t II of item 1B.)	14/1-14	1 1942	
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by the hospital of the hospital of the this certificat be detached far State Dept. at He	MEDICAL	20c. TIME OF INJ Hour o.	URY Month, Day, Year		JURY OCCURRED		E OF INJURY		, 20f.	(City ar town)	(Cou	nty)	(Stote)
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NDIN d by After d be e Sta		21. I cert	ify that (I) (this has eceased alive an	pital) attend	led the deceased	fram	leh 7	,1	9.67,1	A, fram causes	, 19_6	7, that	(I) (we) la
NR: DNIC The				A 5	19 67	and that	death ac	Curred at	^	A, fram causes			tated abav
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OR be 3 e 3 ed v	130		part	an	v	M.D	. PHYS.	120	DIRECTOR	PHYS. L	7 2/	17/6	7
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TO HOSPITAL OR ATTENDING Page 4 may be retained by 1 TO FUNERAL DIRECTOR: After director, page 3 shauld be shauld be filed with the Stat			O DOWLII					nign		t Cambr			
O HOSPI Page 4 r O FUNER director,	230	 BURIAL, CREMATI REMOVAL (Specific 	ON, 23b. DATE THE		23c. NAME OF CEA					CATION (City or To		(Caunty)	(State)
5 5 5 5 V	_	REMOVAL (Specific Burial		167		Nec	k	00 0000	Do	chester	Co.	Md.	
VR A15 (4) 20 M 1/66	2	. FUNERAL DIRECTO	1////	1.	ADDRESS		VF 3		BY REGISTI	CAR LESDICE	EGISTRAR'S SI	UNATURE	4
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FOR STATE EALTH DEPT IO DEPUTY MX CCAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages T. 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH 02158 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02154

2	-					VMLU
1.		PLACE OF DEATH o. COUNTY Dorchester MARYLAND			ved, If institution: Re	esidence before edmission) chester
		b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) Cambridge c. LENGTH OF STAY IN 1b DOA.	e. CITY OR TOWN ((If outside corporate limi ON	ts, write RURAL and	give neerest town)
9		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Cambridge Maryland Hospital	d. STREET ADDRESS None			IS RESIDENCE ON A FARM? YES NO NO
			ORE Last	4. DATE OP DEATH	Month Feb.	Dey Yeer 13, 1967
	5.	W-3 - 1 FINANCES WITHOUTE	Aug. 28, 191	. In at hild	hday) Months D	YEAR IF UNDER 24 HRS. Hours Min.
	do	in Usual Occupation (Give kind of work ne during most of working life, even if retired) oreman—Maintinance Camb. Wire Cloth	11. BIRTHPLACE (Stote Dorchester			USA
	13.	Samuel Moore	Sadie Co			
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, po, or unkown) (Ifyesgive werordates of service) unk	o. J. Darcy l		son, Md.	
		18. CRUSE OF DEATH Enter only one cause par line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COPONARY OCCLUS DUE TO Conditions, if eny, which gave rise to immediate cause (a), stating the underlying cause lest. (b) DUE TO (c)	ion			INTERVAL BETWEEN ONSET AND DEATH Instant
2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO				19. WAS AUTOPSY PERFORMED? YES NO X
		206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	(Entar nature of injury in P	Part I or Part II of item 18	.)	
	MEDICAL		CE OF INJURY (Home, farm ory, street, office bldg., etc		(Count	ty) (State)
		21. I certify that I took charge of the remains described above, he death resulted from: Natural ceuses X. Accident . Suici	CHIEF MEDICAL M.D. ASSISTANT MED	Undetermi	Inquiry	end in my opinion DATE SIGNED
2		EXAMINER'S John Mace Jr. M.D.	Addrass (Street,	L EXAMINER City, town, or county)	Cambrid	
2	22a	Burial Removal Specify) Feb 15, 1967 Joppa Methodis		1 Madison	y, town, or county) n, Marylai	nd
)		Funeral Director ADDRESS LeCompte Funeral Service, Cambridge, Mar		FEB 1.5 19	- 001	shature Judge
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CAL EXAMINER: This certificate should be executed within 24

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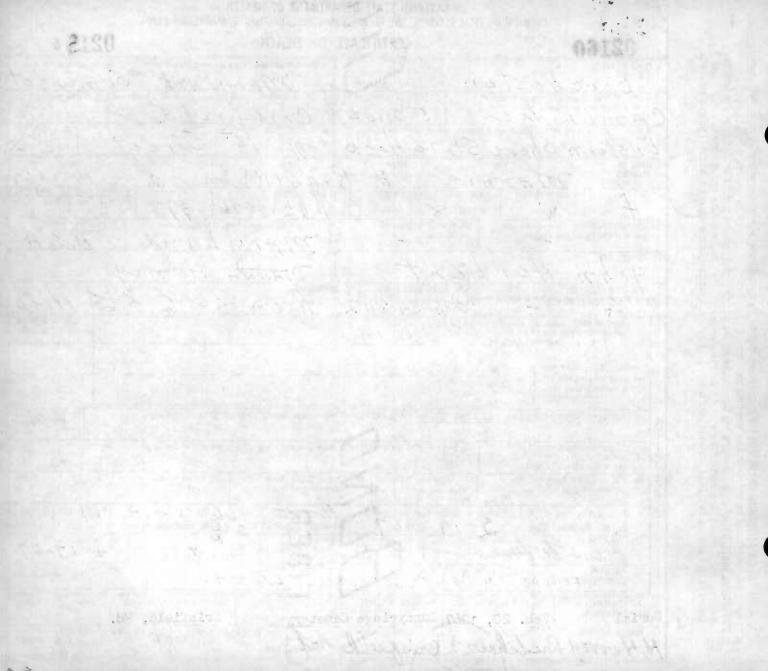
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02159 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ond 3 to M3. Page .s o 90 Maryland death Dorchester Dorchester MARYLAND delay Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town)
Hurlock - Rural Hurlock - Rural vears e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS hours Office olong with form e Stote 72 hou Hynson Hynson in Item 18. Give Pages YES NO X 24 hours ofter death. 3. NAME OF Middle First Lost 4. DATE Month Year Doy DECEASED February 19 67 Joshua 4 (Type or print) Samuel Nichols DEATH within with IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 9. AGE (in years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Dovs Hours Male Negro Dec. 5, 1912 WIDOWED DIVORCED event 2 ond 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Oxford, Maryland Day Laborer Factory Exominer 14. MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME This certificate should be executed within Lizzie (maiden name unknown) Samuel Nichols ⊆ 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give wor or dotes of service permit. e, writing the word "pending" forwarded to the Chief Medical or removol. 214-12-6180 Records of Pine Bluff Hospital, Salisbury, Md INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) used as a buriol-troi buriol, cremotion, a writing the word DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE /TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? oge 3 should be u please execute the certificate. NO YES 17 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) may be retoined for your FUNERAL DIRECTOR: Poge ot work designated 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection for Inquiry and in my opinion the funerol director. death resulted from: Natural causes Accident Suicide Homicide Undetermined manner be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may to FUNER Health o Address (Street, pty, Wynt or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify) Near Rhodesdale, Maryland 1967 Rhodesdale Cemetery Feb. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE tianles VR A15ME Framptom and Son, Federalsburg, Marvland DATE 6M 1/66

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 112156 02160 and 2 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY COUNTY MARYLAND the b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside Corporate limits, write RURAL and give nearest tawn) ely filled in by the ban papers. Page within 72 hours a write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS NO YES NAME OF Middle DATE ease remaye carban Day Year and completely DECEASED QF event, (Type ar print) 19 DEATH S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED AGE (In years NEVER MARRIED lost birthdoy) Months Dovs Haurs WIDOWED and in any DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (County & Stote, or foreign country) during mast af working life, even if retired) INDUSTRY attending physician sermit. Then please COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NA or removal. ANNA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address. (Yes/no, ar unknown) (If yes give wor ar dates of service burial, crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH ullumburg IMMEDIATE CAUSE (a) signed by DUE TO Canditions, if ony, which gove (b) rise to immediate couse (o). DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending as the has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) be detached far use State Dept. af Health NO O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I at Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) Hour a.m. foctory, street, office bldg., etc.) Not While While at wark at work 21. I certify that (I) (this haspital) attended the deceased fram, and that death occurred at 13 M, from causes and an the date stoted abave. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. **ATTENDING** 2-17-67 M director, page 3 shauld be filed v DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL ES. S. H. NAME (Type) FE LI DE 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (Caunty) (State) Bur TANOVAL (Specify) Sunnyridge Cemetery Crisfield, Md. Feb. 20. 1967 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT.

please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02161 02157 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY DOI	chester	MARYLAND	a. STATE Mar	ice (Whara dacaass yland	ad livad, If in: b. COUNTY	stitution: Resi	dence before hester	
b. CITY OR TOWN (in write RURAL and Cambridge	if outside corporata limits, I give nearast town)	c. LENGTH OF STAY IN 16	c. city or town ((If oulside corporate -Andrews	limits, write R	URAL and gi	va naarast to	wn)
d. NAME OF HOSPIT	TAL OR INSTITUTION (if not in ho	spital, give street address)	d. STREET ADDRESS None	ALTIN A			ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	ALEXANDER		Lost COBBINS	4. DATE OF DEATH	Month	Feb.	1, 19	67
5. SEX Male	White WIDOW		July 26, 189	96 PA	GE (In years III t birthday) O yrs.	Aonths Day	_	R 24 HRS. Min.
done during most of wo Machinist-	rking life, avan if retired)	til Can Co.	Dlorcheste				N OF WHAT	COUNTRY?
13. FATHER'S NAME	Alexander G. 1	Robbins	14. MOTHER'S MAIDEN Vertie S	• =			4	
15. WAS DECEASED EVI (Yes, po, or unkown) (II	FR IN U.S. ARMED FORCES? 16. fyasqiye war or dates of service) WW 1	social security no. 17. 11. 14-10-8866A Mr.	Vernon Robb	oins, Cam	Address bridge,	Mary	land	
	ate cause		on				INTERVAL BE ONSET AND Abt	DEATH
ІСАТІО	SIGNIFICANT CONDITIONS COL					I IN PART 1(a		AUTOPSY ORMED? NO
		RIBE HOW INJURY OCCURRED.	(Entar nature of injury in P	'art I or Part II of ite	m 18.)			
ZOc. TIME OF INJUI Hour a.m. p.m.	While		CE OF INJURY (Home, farm pry, streat, offica bldg., etc		own)	(County)		(State)
21. I certify the death resulted for actual signature examined signature.	ohn Mace Jr. N. 22b. DATE THEREOF	Accident . Suici	de		2/2/0 Cambi	57 ridge	(Sta	
23. FUNERAL DIRECTO		ADDRESS	24a. REC	'D BY REGISTRAR				ye

VR AISME 5M 1/63

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH TIEPT. 2. USUAL RESIDENCE (Where deceased lived, II institution; Residence before edimission) a. COUNTY Dorchester Maryland e. STATE b. COUNTY Dorchester director. Page for your files. MARYLAND Department b. CITY OR TOWN (if outside corporete limits. e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside eorporata limits, write RURAL end give neerest town) write RURAL and give nearest town)
Honga Life Honga d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? to the funeral None 2 with the State None hours after YES NO 3. NAME OF First Last Middle 4. DATE Month Year DECEASED OF LEO HOWARD TOLLEY (Type or print) DEATH Feb. 12 1967 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and 3t Male last birthday) Oct. 11, 1894 Months | Devs WIDOWED DIVORCED YIS. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, evan if retired)
Waterman Honga, Maryland Seafood USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel H. Tollev Cora Ruark in any 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT in pencil in Item 18. Office along with for (Yas, no, or unkown) (Ifyesgivewarordalesofservice) 217-16-9988 Mrs. Leo H. Tolley, Honga, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN or removal, Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (e) Instat This certificate should be DUE TO Conditions, if any, which (b) cremation, "pending" geve rise to immediate cause Medical Examiner's Ø DUE TO (a), stating the undarlying pesn causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY CERTIFICATION burial, PERFORMED? asse execute the certificate, writing the word should be forwarded to the Chief Medical ErUNERAL DIRECTOR: Page 3 should be YES NO TO 20m. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of Injury in Pert I or Pert II ol item 18.) PRIMARY | or CONTRIBUTING | prior CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) While Not While lectory, street, office bldg., etc.) at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry and in my opinion DICAL death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 2/13/67 DEPUTY DEPUTY MEDICAL EXAMINER 6 John Mace Jr. M.D. Address (Street, city, town, or county) Cambridge. Md. NAME (Type) ple. 4 sh. TO FU. Health 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) REMOVAL (Specify) Feb 15, 1967 Hosier Memorial Cemetery Fishing Creek, Maryland 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland VR A15MI 5M 1/63

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02164 **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death and funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY filled in by the fun-papers. Pages 1 c Ithin 72 haurs after d DORCHE STER MD DOR. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 7 WEEKS FISHING CREEK CAMBRIDGE RURAL d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? None EASTERN SHORE STATE HOSPITAL NO X YES NAME OF Middle 4 DATE First Lost Year remove carban completely DECEASED HERBERT TYLER FEB. 67 event, (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years NEVER MARRIED lost birthdoy Months Doys Hours 1/9/86 MALE WHITE and in ahy WIDOWED DIVORCED ond 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) physician a COUNTRY? during most of working life, even if retired) WATERMAN MD. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval, Jabez Tyler YXDEXX EMILY GOOTTEE 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) HOSPITAL RECORDS 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), ond (c).) NIERVAL, BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY neumonia IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO debilit Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse be detached far use as the State Dept. of Health priar to **DIRECTOR:** After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO X YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED Hour o.m. factory, street, office blda., etc.) Not While ot work ot work 19.67 , ta _, 19 67, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceosed from. , page 3 shauld be filed with the and that death occurred at 12:40M, from causes and on the date stated obove. saw the deceased alive an 1967 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** 2/27/67 M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL CARLOS F. BARROSO NAME (Type) CAMBRIDGE. MD. director, should b 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, Bullal (Specify) Mar 2, 1967 Hosier Memorial Churchyard Fishing Creek, Md. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR Miarley VR A1S (4) 20 M 1/66 DATE MAR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY e. STATE Maryland b. COUNTY Dorchester Dorchester MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Cambridge c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b by Pag bon papers. Pag within 72 hours hours Church Creek 10 weeks = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 Cambridge Maryland Hospital None YES NO X completely i 3. NAME DF First Day Middle Last Year 4. DATE Month DECEASED DF DEATH 1967 Feb. 20. HOWARD E. WELLACE any event, (Type or print) executed 5. SEX 6. COLOR OR RACE | 7. MARRIED X 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED last birthday) | Months | Days Male White and, c July 17, 1893 WIDOWED DIVORCED nding physician a Then please re removal, and in 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Dorchester Co., Maryland USA certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lorenzo Wallace Della Meekins attending parmit. Ther 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death 0 (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Howard E. Wallace, Church Creek, Md. transit perm cremation, unk INTERVAL BETWEEN been signed by the the burial-transit is or to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH I. DEATH WAS CAUSED BY: UREMTA retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO CARCINOMA OF PROSTATE WITH METASTASTS Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the **DIRECTOR:** After this certificate has be age 3 should be detached for use as the led with the State Dept. of Health prior underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES [NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Not While factory, street, office bidg., etc.) Hour a.m. While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from 2020-60 ____, that (1) (we) last saw the deceased alive on 2-20-67 and that death occurred at 9:3M Prom the causes and on the date stated above. 222 SIGNATURE 22b. DATE SIGNED ATTENDING 2-22-67 DIRECTOR TO FUNERAL I director, pag should be file 4 may PHYSICIAN'S 22C. 22d. ADDRESS NAME (Type) BUNKER. M. Md. Ave. Cambridge Maryland 23c. NAME OF CEMETERY OR CREMATORY
East New Market Cemetery 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF P. REMOVAL (Specify) Feb 23 1967 Burial (Specify) East New Market, Maryland 24. FUNERAL DIRECTOR
LeCompte Funeral Service, Cambridge, Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65

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at the d	the attensit per matian,		IB. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), ond (c).)	a' HEEVE	R- Node	INTERVAL BETWEEN ONSET AND DEATH
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OR ATTENI	RECTOR: 3 shaul 1 with th		saw the deceased alive on terms 220. SIGNATURE	alleboter M.D.	ATTENDING MED.	STAFF	d an the date stated abov 22b. DATE SIGNED
SPITAL O			22c. PHYSICIAN'S NAME (Type) John B.	Webster	22d ADDRESS Faistern	Shere	State Hay
TO HOSPITAL	To FUNI directo shaulc	E	BURIAL, CREMATION, 23b. DATE THEREO	967 CHURCH F	FILL C	d. LOCATION (City or Town) HURCH H	TILL, MD.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death and PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY after aryland orchester Dorchester MARYLAND CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b etely filled in by the bound of 24 hours Months Cambridge. R.D. 2 & Rt. ambridge e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? NO 3 Cambridge-Maryland Hospital Rural YES etely executed within carbon Year 3. NAME DE First Middle Last 4. DATE Month Day and con-remove carbo DECEASED (Type or print) DEATH Feb.23 19 Wootten Thomas Tames IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years last birthday) 8. DATE OF BIRTH Months | Days Hours WIDDWED DIVDRCED 1905 VIS. 12. CITIZEN OF WHAT physician a 5 10a. USUAL OCCUPATION (Give kind of workdone | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, eyen if retired) COUNTRY? certificate be and Frankfort . Delaware tate Hospital removal 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James S. Wootten Amanda Foskey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 17. INFORMANT Address 16. SDCIAL SECURITY NO. or (Yes, no, or unkown) (If yes pive war or dates of service) Mrs. Evelyn B. Wootten, Cambridge, Md. cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH p I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a signed urial-tra burial-tu burial, DUE TO Cenditions, If any, which (b) peen gave rise to immediate r the DUE TO cause (a), stating the as th underlying cause last. WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. use for use Health PERFORMED? certificate CERTIFICAT YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached fire Dept. of I (State) MEDICAL 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. Not While While After d be c at work at work p.m. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19 19. TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the M. from the causes and on the date stated above. and that death occurred at saw the deceased alive or 22b. DATE SIGNED 22a. SIGNATURE ATTENDING DIRECTOR M.D. PHYS. 22d. ADDR 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY New Market Cemetery Feh 25a. REC'D BY REGISTRAR **BUNERAL DIRECTOR** ADDRESS VR AIS DATE 20M 1/65

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